Name in Full: John Quincy Adams

CERTIFICATE OF DEATH

MARYLAND

Died: Town: Camp Parole — County: Ann. Co.

Date of death 1904: Month: June — Day: 21st — Years: Age 74 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: St Mary's Co

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Margaret Adams

Father's Name: Adam Adams — Father's Birthplace: Charles Co

Mother's Maiden Name: Mary Lucas — Mother's Birthplace: " "

Name of person giving information: Mary Diggs — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis (Progressive) — How long: One year

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Richard Dorsey M.D.

Address: Annapolis Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A89516

J. A. Adams

Name in Full: Helen Aleksatza

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: East Brooklyn  County: A. A.

Date of death: Month: June  Day: 29  1904

Age: Years: 1  Months: —  Days: 2

Sex: Female  Color or Race: White  Birthplace: Balto, Md

Occupation: —  Where Residing if not at place of death: —

Married, Single or Widowed: —  Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Constantly Aleksatza  Father's Birthplace: Russia

Mother's Maiden Name: Mary Maranosky  Mother's Birthplace: Russia

Name of person giving Imformation: Constanty Aleksatza  How related to deceased: Father

105

CAUSES OF DEATH

Primary: Cholera Infantum  How long: One week

Immediate:  How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: The. B. Horton M.D.

Address: So. Balto. Md.

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full: Basil Bagalik

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: So. Balto. County: Anne Arundel

Date of death: 1904 Month: June Day: 22

Age: Years — Months: 6 Days —

Sex: Male Color or Race: White Birthplace: So. Balto.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: John Bagalik

Father's Birthplace: Hungary

Mother's Maiden Name: Mary Tranoskia

Mother's Birthplace: Hungary

Name of person giving Imformation: John Bagalik

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum

How long: 2 Week

Immediate:

How long:

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: F. W. P. Horton M.D.

Address: So. Balto. Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88818

Name in Full: Elizabeth A. Beall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis — County: A. A.

Date of death 1904: Month: June. — Day: 13 — Age: Years: — Months: 3 — Days: —

Sex: Female. — Color or Race: White — Birthplace: Annapolis

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Wm. A. Beall — Father's Birthplace:

Mother's Maiden Name: Lillian M. Hunton — Mother's Birthplace:

Name of person giving information: Wm. A. Beall. — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 36 hours

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Clement Claude M.D.

Address: 9 St. John's Place

Annapolis, Md.

Accident or Suicide: —

105

LIBRARY BUREAU A88016

Name in Full: Nellie Boston

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A. A. Co.

Date of death 1904 — Month: June — Day: 21st — Age — Years: 25 — Months: — Days:

Sex: Female — Color or Race: Colored — Birthplace: A. A. Co. Md

Married, Single or Widowed: Married — Occupation: Housewife

Name of ~~Wife~~ Husband: William Boston

Father's Name: Williams Ayers — Father's Birthplace: Pr. Geo. Co. Md

Mother's Maiden Name: Maria Johnson — Mother's Birthplace: A. A. Co. Md

Name of person giving information: William Boston — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis

~~Accident or Suicide~~?

LIBRARY BUREAU A6881B

Name in Full: William Boston

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis — County:

Date of death 1904 — Month: June — Day: 19 — Age — Years: — Months: 1 — Days: 2

Sex: Male — Color or Race: Colored — Birthplace: Annapolis

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: William Boston — Father's Birthplace: Md

Mother's Maiden Name: Nellie Ayers — Mother's Birthplace: Md

Name of person giving information: William Boston — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 1 month

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: None (Investigated by Health Office)

Address: Annapolis

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Walter Branckhoff

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: E. Balto. County: A.A.

Date of death 1904: Month: June Day: 28

Age: Years — Months: 6 Days —

Sex: Male Color or Race: White Birthplace: E. Balto

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Gustav Branckhoff Father's Birthplace: Germany

Mother's Maiden Name: Clara Branckhoff Mother's Birthplace: Germany

Name of person giving Imformation: Gustav Branckhoff How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebro Spinal Meningitis How long: only saw Child once just before it died - Parents had been taking to Hospital for 12 weeks

Immediate:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos. B. Horton M.D.

Address: E. Balto. Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name In Full

# Certificate of Death

Marion Briggs

Died at Town Harmans County Anundel Co MARYLAND

Date 19 04 Month June Day 22 | Age Y. 7 M. D. | Native of Md Co | Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of

Wife

Father's Name Charles Briggs Mother's Maiden Name Mary Gibson

Cause of Death: Primary cholera infantum — How long sick 4 days

Immediate cholera infantum — Accident, Suicide, Homicide

Reported by C A Merriam

Address Edgewood Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79008

Name in Full: Thos. Wm. Henry Brooks Jr

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brooklyn — County: Anne Arundel

Date of death: Month: June — Day: 30 — 1904

Age: Years: — Months: 1 — Days: 21

Sex: Male — Color or Race: Black — Birthplace: Brooklyn, Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thos. Wm. Henry Brooks Sr — Father's Birthplace: Balto. Md

Mother's Maiden Name: Lillie Brooks — Mother's Birthplace: Brooklyn, Md

Name of person giving Imformation: J. W. H. Brooks Sr — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 10 days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. B. Hortt M.D.

Address: So. Balto. md

Accident or Suicide?

105

LIBRARY BUREAU A88818

Name in Full: Annie Carroll

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hammonds — County: Anne Arundel

Date of death 1904 — Month: 6 — Day: 22

Age — Years: 1 — Months: 8 — Days: 3

Sex: Female — Color or Race: Colored — Birthplace: Md

Married, Single or Widowed — Occupation:

Name of Wife or Husband:

Father's Name: John Carroll — Father's Birthplace: Md

Mother's Maiden Name: Mary Hammond — Mother's Birthplace: Md

Name of person giving Information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 3 weeks

Immediate: Exhaustion — How long: 10 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Tongue

Address: Eldridge Md

Accident or Suicide:

LIBRARY BUREAU A88510

Name in Full: Adam Carper

CERTIFICATE OF DEATH

Died at — Town: Odenton — County: Anne Arundel — MARYLAND

Date of death: 1904 — Month: 6 — Day: 24 — Age: Years — Months: 10 — Days

Sex: Male — Color or Race: White — Birthplace: Baltimore Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Mike Carper — Father's Birthplace: Germany

Mother's Maiden Name: Wallie Smith — Mother's Birthplace: Germany

Name of person giving In formation: Wallie Carper — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measels — How long: 3 days

Immediate: Bronchial Congestion — How long: do

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J W DuBois M D

Address: Gambrills Md

Accident or Suicide?

LIBRARY BUREAU A 53316

Name in Full: Annie Collison

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mayo; County: Anne Arundel

Date of death: 1904; Month: June; Day: 20; Years: Age 61; Months; Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female; Color or Race: White; Birthplace: Maryland

Occupation: Housewife; Where Residing if not at place of death: Anne Arundel Co.

Married, Single or Widowed: Married; Name of Wife or Husband: John Collison

Father's Name: William Corkran; Father's Birthplace: Ohio

Mother's Maiden Name: Sarah Patterson; Mother's Birthplace: Dorchester Co.

Name of person giving Information: John Collison; How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever; How long: two weeks

Immediate: Heart weakness; How long: 3 days

Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician: John Collinson

Address: South River Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Anita Darkins

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death 1904 — Month: June — Day: 1st — Age: Years: — Months: 4 — Days:

Sex: Female — Color or Race: Colored — Birthplace: Annapolis

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Wm Darkins — Father's Birthplace: Annapolis

Mother's Maiden Name: Agnes Stenson — Mother's Birthplace: "

Name of person giving information: Father — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A8U516

Name in Full: Harriet A. Darnell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: A. A.

Date of death: Month: June; Day: 30; 1904

Age: Years: 31; Months: ; Days:

Sex: Female

Color or Race: Colored

Birthplace: Annapolis

Occupation: Housewife

Where Residing if not at place of death: 216 Johnson St.

Married, Single or Widowed: married

Name of Wife or Husband: Jas. C. Darnell

Father's Name: Jack Tyler

Father's Birthplace: A. A. Co.

Mother's Maiden Name: Mary E. Bryan

Mother's Birthplace: Queen Anne

Name of person giving information: Jas. C. Darnell

How related to deceased: husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis 20

How long:

Immediate: Uremia

How long:

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: James Owens Drury

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Drury (County): Anne Arundel

Date of death: Month: June Day: 16 1904

Age: Years: 80 Months: Days:

Sex: Male Color or Race: White Birthplace: Md.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Married Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry C. Drury Father's Birthplace: Md.

Mother's Maiden Name: Mary Owens Mother's Birthplace: Md.

Name of person giving In formation: Jas. D Drury How related to deceased: Son

154

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile debility How long: Several months

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. H. Perrie

Address: McKendree, Md.

Accident or Suicide?

8

LIBRARY BUREAU A66518

Name in Full: Calvin E. Feathers

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Brooklyn — County: A. Arundel

Date of death: Month: June — Day: 29 — 1904

Age — Years: c — Months: 6 — Days: 14

Sex: Male — Color or Race: White — Birthplace: Brooklyn A.A. Co

Occupation: c — Where Residing if not at place of death: c

Married, Single or Widowed: c — Name of Wife or Husband: c

Father's Name: Arthur J. Feathers — Father's Birthplace: Howard Co

Mother's Maiden Name: Elizabeth Appel — Mother's Birthplace: Brooklyn A.A.

Name of person giving information: Arthur J. Feathers — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero Colitis — How long: 14 days

Immediate: Exhaustion — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Lee Bowdern

Address: 1238 S. Charles St

Baltimore Md

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Mary Eliza Fisher

CERTIFICATE OF DEATH

MARYLAND

Died at: Smithsburg — Town: [illegible] — County: A A

Date of death: 1904 — Month: June — Day: 14 — Age: Years 20 — Months: 1 — Days: 4

Sex: female — Color or Race: African — Birthplace: A A Co

Occupation: cook — Where Residing if not at place of death:

Married, Single or Widowed: single — Name of Wife or Husband:

Father's Name: Josh Fisher — Father's Birthplace: A A Co

Mother's Maiden Name: Minnie Bacon — Mother's Birthplace: D G Co

Name of person giving In formation: Josh Fisher — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 11 Months

Immediate: Heart failure — How long: Last hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thomas H Brayshaw

Address: Green Bushes

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Sarah Gord

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) South River (County) Anne Arundel

Date of death 1904 (Month) June (Day) ~~Jun~~ 22 (Years) Age 83 (Months) (Days)

Sex Female | Color or Race White | Birthplace Maryland

Occupation Housewife | Where Residing if not at place of death Anne Arundel Co

Married, Single or Widowed Widowed | Name of Wife or Husband Joseph Gord

Father's Name Don't know | Father's Birthplace

Mother's Maiden Name Don't know | Mother's Birthplace

Name of person giving Information William Leach | How related to deceased Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Heart Trouble | How long 2 year

Immediate Dropsy | How long 6 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician John Collinson

Address South River Md.

Accident or Suicide?

LIBRARY BUREAU Form 516

Name in Full: Joseph Fritche

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Benfield — County: A A .

Date of death: Month: June — Day: 11 — Year: 1904

Age: Years: 1 — Months: — Days: 21

Sex: male — Color or Race: white — Birthplace: A A Co

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Martin Fritche — Father's Birthplace: Baltimore

Mother's Maiden Name: Ann Kinneal — Mother's Birthplace: Bremen

Name of person giving information: Martin Fritche — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum — How long: 4 days

Immediate: Meningitis — How long: 1 day

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. H. Brayshaw

Address: Glen Burnie Maryland

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Garner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Primrose 2d Dist. County: A.A. Co.

Date of death: Month: June Day: 8

Age: Years: — Months: 8 Days:

Sex: Female Color or Race: White Birthplace: A.A. Co. Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George Garner Father's Birthplace: A.A. Co.

Mother's Maiden Name: Josephine Rockhold Mother's Birthplace: A.A. Co

Name of person giving information: Samuel Garner. How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric Colitis How long: 19

Immediate: Exhaustion How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm S Welch

Address: Annapolis

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Anita Griffin

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death 1904 — Month: June — Day: 24 — Years: 14 — Months: — — Days: 18

Sex: Female — Color or Race: White — Birthplace: Annapolis

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Denis Griffin — Father's Birthplace: Ireland

Mother's Maiden Name: Ann Donahue — Mother's Birthplace: Do

Name of person giving information: Dennis Griffen — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 6 weeks

Immediate: Consumption of Bowels. — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Geo Wells M.D.

Address: Annapolis.

Accident or Suicide?

LIBRARY BUREAU A88316

Recorded

Name in Full: Bertha Hamilton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Millersville; County: Anne Arundel

Date of death: Month: 6; Day: 16; 1904

Age: Years: 35; Months; Days

Sex: Female

Color or Race: Black

Birthplace: Chesterfield Co

Occupation: House Wife

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Wm Hamilton

Father's Name: Benjamin Parker

Father's Birthplace: don't know

Mother's Maiden Name: Sidney

Mother's Birthplace: Calvert Co

Name of person giving Information: Wm Hamilton

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Disease of the right valves of heart

How long: 4 months

Immediate: Dropsy

How long: 1 month

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W P Dobbins M D

Address: Jamdalls Md

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full Leah Hamilton

Certificate of Death

Died at Town Harmans County Anne Arundel MARYLAND

Date 19 04 Month June Day 20 | Age Y. 31 M. D. | Native of A to Co | Occupation Housekeeper

~~Male~~ Female | ~~White~~ Colored | Married | ~~Single~~ | Widow | ~~Widower~~ | ~~Divorced~~ | Number of children living 5

Husband of Wife William Hamilton

Father's Name Aaron Adams | Mother's Maiden Name Martha Williams

Cause of Death: Primary Bilious Dysentery | How long sick One week

Immediate Bilious Dysentery | ~~Accident, Suicide, Homicide~~

Reported by C R Wilson

Address Elkridge Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70698

Name in Full

Certificate of Death

Anglin Rebecca Hood

Died at Town: Pumphrey County: Anne Arundel MARYLAND

Date 1904 Month: June Day: 28 | Age Y. 38 M. D. | Native of Maryland | Occupation d. Housekeeper

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ | Number of children living 3

Husband of Wife Henry Hood

Father's Name John Burns | Mother's Maiden Name Elizabeth Boyer

Cause of Death — Primary: Tuberculosis | How long sick 9 months

Immediate: Tuberculosis | Accident, Suicide, Homicide

Reported by C R Anderson

Address Elkridge Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70998

Name in Full: Clyde F. Hooper

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Masonville (County) St. M.

Date of death: Month June, Day 11, 1904

Age: Years 1, Months —, Days 4

Sex: Male

Color or Race: White

Birthplace: Masonville, Md

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Joseph H. Hooper

Father's Birthplace: St. Marys Co. Md

Mother's Maiden Name: Alice E. Johnson

Mother's Birthplace: St. Marys Co. Md.

Name of person giving Imformation: Joseph H. Hooper

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

Immediate: Cholera Infantum

How long: 1 Week

How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. B. Hortown M.D.

Address: Bel Bata, Md.

Accident or Suicide?

LIBRARY BUREAU A89016

Name in Full: James Spence Hopkins.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis. County: Anne Arundle

Date of death: Month: June Day: 4 Year: 1904

Age: Years: 24 Months: Days: 11

Sex: Male

Color or Race: White

Birthplace: Germany Md.

Occupation: Seaman Yacht

Where Residing if not at place of death: U.S. Navy

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: From copy of Enlistment Record

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: accidentally Drowning

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of: John N Davis Coroner

Address: Annapolis Md

Jun 16 1904

Accident ~~or Suicide~~?

PHYSICIAN OR CORONER

LIBRARY MUHEAJ A88816

Name in Full: Jervis Hornstein

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Rock Creek; County: A. A. County

Date of death: Month: June; Day: 5; 1904

Age: Years: 19; Months: 10; Days: 12

Sex: Male

Color or Race: White

Birthplace: Baltimore

Occupation: clothing cutter & Trimmer

Where Residing if not at place of death: 2018 Alicanna St.

~~Married~~, Single or ~~Widowed~~

Name of Wife or Husband:

Father's Name: Kalmon Hornstein

Father's Birthplace: Russia

Mother's Maiden Name: Carrie

Mother's Birthplace: Germany

Name of person giving Information: Jacob L. Hornstein

How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowning Accidental

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address: Jacob L. Hornstein 2400 McCulloh St

Accident or Suicide? Accident

LIBRARY BUREAU A88516

**Name in Full** Benjamin C. Howard

**CERTIFICATE OF DEATH**

**MARYLAND**

**TO BE ANSWERED BY NEAREST FRIEND**

Died at (Town) Dell Crew (County) A A

**Date of death 1904** Month: June Day: 23

Age: Years 22 Months 8 Days

Sex: Male Color or Race: White Birthplace: Calvert Co Md

Married, Single or Widowed: Single Occupation: Farmer

Name of Wife or Husband:

Father's Name: Wm Howard Father's Birthplace: Maryland

Mother's Maiden Name: Rachel A Robinson Mother's Birthplace: Calvert Co Md

Name of person giving Information: Sena Howard How related to deceased: Sister

**CAUSES OF DEATH**

**PHYSICIAN OR CORONER**

Primary: Tuberculosis How long: 6 months

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. S. Welch

Address: Annapolis Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full

# Clarence William Hughes

Certificate of Death

Died at Town: Pumphreys County: Anne Arundel MARYLAND

| Date 1904 | Month: June | Day: 23 | Age: Y. 4 M. D. | Native of: Anne Arundel Co | Occupation |
|---|---|---|---|---|---|
| Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | Widow ~~Widower~~ | Divorced ~~Number of children~~ living | |

Husband of
Wife

Father's Name: William Hughes

Mother's Maiden Name: Lana Buller

1905

Cause of Death — Primary: Cholera Infantum — How long sick: 6 weeks

Immediate: Cholera Infantum — Accident, Suicide, Homicide

Reported by: C N Watkinson

Address: Elkridge Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79998

Name in Full: Arthur Isaac

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Odenton; County: Anne Arundel; MARYLAND

Date of death: 1904; Month: 6; Day: 29; Age: Years ___; Months: 4; Days ___

Sex: Male; Color or Race: White; Birthplace: Odenton

Occupation: ___; Where Residing if not at place of death: ___

Married, Single or Widowed: ___; Name of Wife or Husband: ___

Father's Name: Jefferson Isaac; Father's Birthplace: P. G. Co

Mother's Maiden Name: Martha Hawkins; Mother's Birthplace: Odenton

Name of person giving Information: Martha Hawkins; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus; How long: 4 months

Immediate: Diarrhoea; How long: 48 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Lester L. Disney M. D. acting as Coroner

Address: Odenton R. D. A. A. Co Md.

Accident or Suicide? ~~Accident or Suicide?~~

LIBRARY BUREAU A6851B

Name in Full: Elsey Savoy Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marley  County: aa

Date of death: Month: June  Day: 28  Year: 1904

Age: Years: 4  Months: 6  Days:

Sex: Female  Color or Race: African  Birthplace: a a Co

Occupation:  Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed:  Name of Wife or Husband:

Father's Name: James Thomas Johnson  Father's Birthplace: a a Co

Mother's Maiden Name: Laura Taylor  Mother's Birthplace: a a Co

Name of person giving information: James Thomas Johnson  How related to deceased: father

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malaria Infantum  How long: 2 Months

Immediate: Convulsions  How long: 1 Day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Grayston

Address: Glen Burnie

Accident or Suicide? No

LIBRARY BUREAU A68516

Name in Full: Alfred Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rhoads Bay  County: A.A.

Date of death: Month: June  Day: 23  Year: 1904

Age: Years: 35  Months:  Days:

Sex: Male

Color or Race: Colored

Birthplace: Cambridge

Occupation: Laborer

Where Residing if not at place of death: White's Road

Married, Single or Widowed: Married

Name of Wife or Husband: Hannah Jones

Father's Name: Unknown

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Hannie Jones

How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowning

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Graff for Boone J.P. 3 dist.

Address: Walton

Accident or Suicide? Undetected.

per Adams

LIBRARY BUREAU A88316

Name in Full: Frank Kuwalsik

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: East Brooklyn; County: A. A.

Date of death: 1904; Month: June; Day: 23

Age: Years: —; Months: 3; Days: —

Sex: Male; Color or Race: White; Birthplace: East Brooklyn Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Julius Kuwalsik; Father's Birthplace: Russia

Mother's Maiden Name: Lena Kratz; Mother's Birthplace: Russia

Name of person giving Imformation: Julius Kuwalsik; How related to deceased: Father

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: How long: Saw child

Immediate: Cholera Infantum; How long: Only one

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jno. B. Horton M.D.

Address: 50 Balto. Md

Accident or Suicide? —

LIBRARY BUREAU A69018

Name in Full: Carrie Lomax

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis Md — County: A A Co

Date of death 1904 — Month: June — Day: 16 — Age — Years: — Months: — Days: 7

Sex: Female — Color or Race: Col — Birthplace: Annapolis Md

Occupation: — Where Residing if not at place of death: Rice Rice

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Edmund Lomax — Father's Birthplace: Annapolis Md

Mother's Maiden Name: Carrie Parker — Mother's Birthplace: Annapolis Md

Name of person giving information: Jamie Armstrong — How related to deceased: Godmother

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Trismus Nascentium — How long: 24 hrs

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout MD

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88616

J. A. Adams

Name in Full: James R Mackall

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Waterbury — County: Anne Arundel — MARYLAND

Date of death 1904 — Month: 6 — Day: 24 — Age: Years 59, Months, Days

Sex: Male — Color or Race: Black — Birth place: Calvert Co Md

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Maria Mackall

Father's Name: James Mackall — Father's Birthplace: Calvert Co

Mother's Maiden Name: Dont Know — Mother's Birthplace: Dont Know

Name of person giving Information: John Thomas Mackall — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 4 months

Immediate: Cardiac Dropsy — How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J W Dubois MD

Address: Gambrills Md

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Alice Bertha Mason

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: — County: Anne Arundel

Date of death: Month 6, Day 29, 1904 — Age: Years 17, Months —, Days —

Sex: Female — Color or Race: Black — Birthplace: Davidsonville

Occupation: Domestic — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: X

Father's Name: Thomas Mason — Father's Birthplace: A A Co

Mother's Maiden Name: Dont know — Mother's Birthplace: Dont Know

Name of person giving Information: J Green — How related to deceased: Nonn

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 3 Years

Immediate: Exaustion — How long: 3 Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J W Dubois MD

Address: Gambrills Md

Accident or Suicide?

LIBRARY BUREAU A85516

Name in Full: Ethel May Myers

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death 1904 — Month: June — Day: 20 — Age — Years: — Months: 5 — Days: 18

Sex: Female — Color or Race: White — Birthplace: Anne Arundel Co Md

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Lloyd C Myers — Father's Birthplace: Annapolis

Mother's Maiden Name: Grace Meeks — Mother's Birthplace: Baltimore

Name of person giving information: Father — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero Colitis — How long: 2 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm S Welch

Address: Annapolis Md

Accident or Suicide?

105

LIBRARY BUREAU A68816

Name in Full: LBelle Marine Nicholson

# CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis — County: Anne Arundel — MARYLAND

Date of death 1904: Month: 4 June — Day: 15

Age: Years — Months: 3 — Days

Sex: Female — Color or Race: Colrd — Birthplace: A. A. Co.

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

Father's Name: Bennie Nicholson — Father's Birthplace: Baltimore md

Mother's Maiden Name: Alberta Queen — Mother's Birthplace: Annapolis md

Name of person giving information: Stephen Queen — How related to deceased: Uncle

## CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88516

J. Q. Adams

Name in Full: Mary Burneston Owens

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Greenock; County: Anne Arundel

Date of death: Month: June; Day: 16; 1904

Age: Years: 49; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: A.A. Co. Md

Occupation: Housewife

Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Married

Name of Wife or Husband: Arthur Owens

Father's Name: Isaac Burneston Owens

Father's Birthplace: Md.

Mother's Maiden Name: Priscilla Owens

Mother's Birthplace: Md.

Name of person giving information: Arthur Owens Sr.

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis — How long: 14 months

Immediate: Asthaenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A.H. Perrie

Address: McKendree, Md.

Accident or Suicide?

LIBRARY BUREAU A66516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Elizabeth Parker

Died at: Town: Annapolis  County: A. A.

Date of death: Month: June  Day: 2  1904

Age: Years: 46  Months:  Days:

Sex: Female  Color or Race: Colored  Birthplace: A. A.

Occupation: Housework  Where Residing if not at place of death: White's Road

Married, Single or Widowed: Married  Name of Wife or Husband: William H. Parker

Father's Name: Joseph Harris  Father's Birthplace: A. A.

Mother's Maiden Name: Unknown  Mother's Birthplace: Calvert Co.

Name of person giving information: Wm H. Parker  How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma Uteri  How long: I do not know

Immediate: Exhaustion  How long:

Are the name, age, sex, color, date and place correctly given above? Probably

Signature of Physician: F. H. Thompson M. D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: Ella Parlett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis — County: A.A.

Date of death 1904: Month: 4 June — Day: 1st — Years: Age 26 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Annapolis

Married, Single or Widowed: Single — Occupation: School Teacher

Name of Wife or Husband: none

Father's Name: Samuel A Parlett — Father's Birthplace: Virginia

Mother's Maiden Name: Georgeanna Whipper — Mother's Birthplace: Annapolis

Name of person giving information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout MD

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Victoria Talley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: St Inigoes — County: St Mary's

Date of death 1904 — Month: June — Day: 11 — Age — Years: 47 — Months — Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female — Color or Race: Colored — Birthplace: St Inigoes Md

Occupation: Home Duties — Where Residing if not at place of death: "

Married, Single or Widowed: Widowed — Name of Wife or Husband: Phillip Talley

Father's Name: Isaac Gatewood — Father's Birthplace: " "

Mother's Maiden Name: Mary — Mother's Birthplace:

Name of person giving information: Charles Talley — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease — How long: 3 months

Immediate: Uraemic Coma — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. B. Abell

Address: St Inigoes Md

Accident or Suicide?

8

LIBRARY NLM A.A.J. A33316

Name in Full: Annie Kief

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Odenton; County: Anne Arundel; MARYLAND

Date of death 1904: Month: 6; Day: 14; Age: Years: 18; Months: 7; Days:

Sex: Female; Color or Race: White; Birthplace: Russia

Occupation: Tailoress; Where Residing if not at place of death: Baltimore

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Jacob Kief; Father's Birthplace: Russia

Mother's Maiden Name: Olga Galoronska; Mother's Birthplace: Russia

Name of person giving Information: Jacob Kief; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lung Stroke; How long: 4 minutes

Immediate: D°; How long: D°

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Dr Brisell M.D.

Address: Gambrills Md

Accident [illegible]?

LIBRARY BUREAU 488516

Name in Full: ~~Victoria~~ Wladislawa Rymarzeski

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: So. Balto — County: A. A.

Date of death: Month: June; Day: 21; Year: 1904

Age: Years: —; Months: 4; Days: 5

Sex: Female

Color or Race: White

Birthplace: Balto. Md

Occupation: —

Where Residing if not at place of death: 719 So. Bond St. Balto Md

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Rymarzeski

Father's Birthplace: Germany

Mother's Maiden Name: Agnes Komasia

Mother's Birthplace: Germany

Name of person giving Imformation: Agnes Rymarzeski

How related to deceased: Mother

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum

How long: Was dead when I arrived.

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. B. Morton MD

Address: So. Balto. Md

~~Accident or Suicide?~~

LIBRARY BUREAU A68816

Name in Full: Mary Rynarzeski

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: So. Balto — County: A. A.

Date of death: Month: June — Day: 21 — Year: 1904

Age: Years: 49 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: Laborer — Where Residing if not at place of death: 719 So. Bond St. Balto.

~~Married~~ or Widowed — Name of ~~Wife~~ Husband: Matthew Rynarzeski

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving Imformation: Agnes Rynarzeski — How related to deceased: Daughter in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate: Paralysis of Heart — How long: Immediate. was dead when I arrived

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. B. Horton M.D.

Address: So. Balto. Md.

~~Accident or Suicide?~~

PHYSICIAN OR CORONER

LIBRARY BUREAU A8P016

Name in Full: Andrew Schaller

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Found dead in the woods near Arundel

Date of death: Month: June; Day: 14; 1904

Age: Years: 76; Months; Days

Sex: Male

Color or Race: White

Birthplace

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

5-6

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Exposure & Alcoholism

How long

Immediate: Verdict of Jury of Inquest

How long

Are the name, age, sex, color, date and place correctly given above?

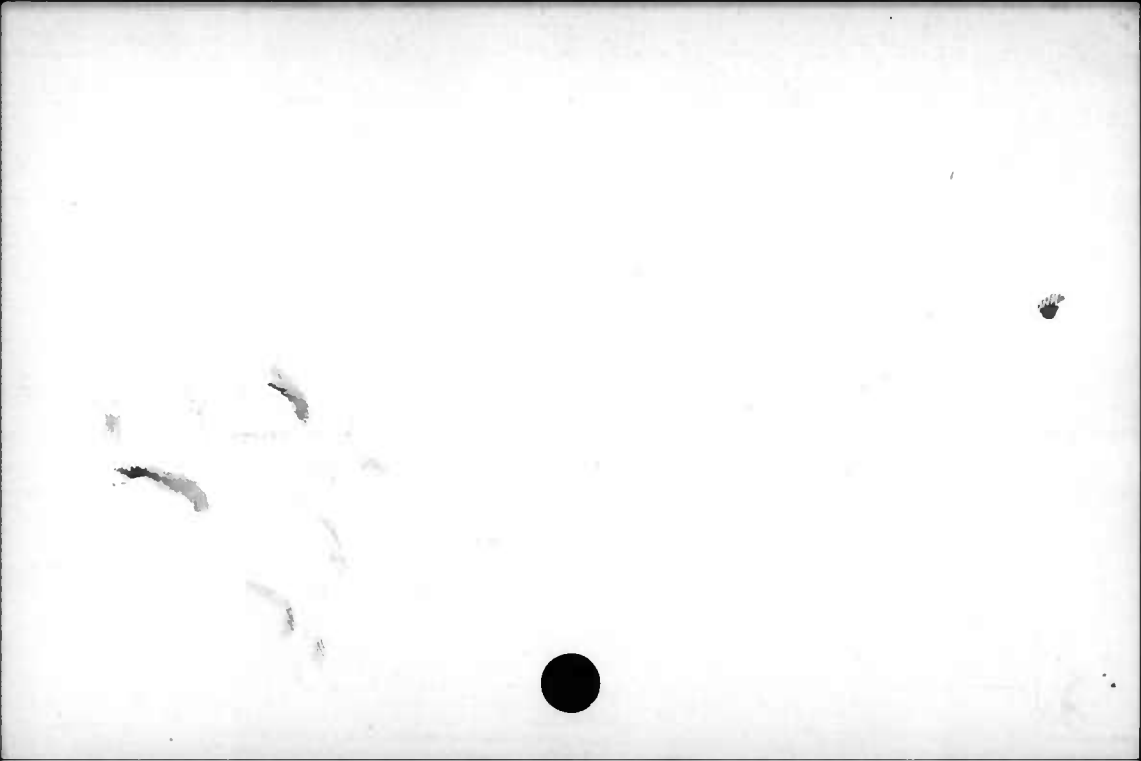
Signature of Physician: Thomas A Brayshaw

Address: Glen Burnie

Accident or Suicide?

8

LIBRARY BUREAU A88516



Name in Full: Ruth Virgil Schrifogel

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: So. Balto — County: Md A.

Date of death 1904: Month: June — Day: 16 — Age: Years — — Months: 5 — Days: —

Sex: Female — Color or Race: White — Birthplace: Balto. Md

Occupation: — — Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Charles L Schrifogel — Father's Birthplace: Balto

Mother's Maiden Name: Mary Whitlock — Mother's Birthplace: Harrisburg, Va

Name of person giving Information: Charles L. Schrifogel — How related to deceased: Father

CAUSES OF DEATH

Primary: — How long: —

Immediate: Infantile Convulsions — How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. B Horton M.D.

Address: So. Balto. Md

PHYSICIAN OR CORONER

Accident or Suicide? —

LIBRARY BUREAU A682816

Name in Full: Franz Schultz

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Igleharts — (County): A. A. Co

Date of death: Month: June — Day: 11 — 1904

Age: Years: About 35 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Poland

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cirrhosis of Liver — How long: Several weeks

Immediate: Coma — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Probably

Signature of Physician: Wm. S. Welch

Address: Annapolis

Accident or Suicide? No

LIBRARY BUREAU A66816

Name in Full: David Scrivener

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis — County:

Date of death: 1904 — Month: June — Day: 11 — Age: Years 27 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: Driver — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Annie Stevens — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Valvular Disease of Heart — How long:

Immediate: Dyspnoea — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm S Welch

Address: Annapolis

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A8UB16

Name in Full: Mary M. Seidl

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dolley — County: Md —

Date of death: Month: June — Day: 29 — Year: 1904 — Age: Years: — Months: 10 — Days:

Sex: Female — Color or Race: White — Birthplace: Dolley Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: John Seidl — Father's Birthplace: Germany

Mother's Maiden Name: Caroline Knott — Mother's Birthplace: Germany

Name of person giving Imformation: John Seidl — How related to deceased: Father

105

CAUSES OF DEATH

Primary: Cholera Infantum — How long: 2 WEEKS

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. B. Horton M.D

Address: Do Dalto. Md.

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A83018

Name in Full: Iva Siegle not baptized.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis — County: Anne Arundel

Date of death 1904 — Month: June — Day: 27th

Age — Years: — Months: — Days: 1

Sex: Female — Color or Race: White — Birthplace: Annapolis, Md.

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband:

Father's Name: J. L. Siegle — Father's Birthplace: Balto. Md.

Mother's Maiden Name: Em. Iva Rietdorf — Mother's Birthplace: Balto. Md.

Name of person giving In formation: J. L. Siegle — How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth — How long: —

Immediate: Exhaustion — How long: 10 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. S. Duplaun

Address: Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Theodore Sharps

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A.A.

Date of death 1904 — Month: June — Day: 11th

Age — Years: — Months: 2 — Days: 16

Sex: Male — Color or Race: Colored — Birthplace: Annapolis

Occupation:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Richard Sharps — Father's Birthplace: Annapolis

Mother's Maiden Name: Emma Henderson — Mother's Birthplace: Annapolis

Name of person giving Information: Father — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide:

LIBRARY BUREAU A88816

Name in Full: Lillman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hanover — County: A A

Date of death: Month: June — Day: 30 — 1904

Age — Years: — Months: — Days: 1

Sex: Male — Color or Race: Color — Birthplace: Hanover

Occupation: —

Where Residing if not at place of death:

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Penny clay Lillman — Father's Birthplace: Maryland

Mother's Maiden Name: Rosa Parker — Mother's Birthplace: "

Name of person giving Information: — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long:

Immediate: — How long: Sub Reg

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm Morris Lucas M D

Address: West River A A Co Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Job Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis; County: A t

Date of death 1904: Month: June; Day: 14

Age: Years: 52; Months: April; Days: 20

Sex: Male

Color or Race: white

Birthplace: Delaware

Occupation: Saloon Keeper

Where Residing if not at place of death:

Married, Single or Widowed: married

Name of Wife or Husband: Kate Smith

Father's Name: David R Smith

Father's Birthplace: Del.

Mother's Maiden Name: Mary "

Mother's Birthplace: "

Name of person giving information: Kate Smith

How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Locomotor Ataxia

How long: I do not know.

Immediate: Anaemia

How long: Few hours.

Are the name, age, sex, color, date and place correctly given above? as far as I am aware.

Signature of Physician: F. H. Thompson

Address: 193 Church St. Annapolis, Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A25016

Name in Full: Howard Smathers

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis; County: A.A.C.

Date of death 1904: Month: June; Day: 17

Age: Years: —; Months: 7; Days:

Sex: Mail

Color or Race: Collar

Birthplace: Annapolis

Married, Single or Widowed: ~~Widow~~ Single

Occupation:

Name of Wife or Husband:

Father's Name: E. Hall

Father's Birthplace: Annapolis

Mother's Maiden Name: Nancy Smathers

Mother's Birthplace: Annapolis

Name of person giving information: Mother

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dentition

How long:

Immediate: Meningitis

How long: Two days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide:

LIBRARY BUREAU A88516

Name in Full: James A Starkey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marley — County: Anne Arundel

Date of death: Month: June — Day: 30 — 1904

Age: Years: 59 — Months: 3 — Days: 11

Sex: Male — Color or Race: White — Birthplace: Queen Anne's Co. Md.

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Widower — Name of Wife or Husband: Sarah Diggie de Long

Father's Name: dont Know — Father's Birthplace: dont Know

Mother's Maiden Name: dont Know — Mother's Birthplace: dont Know

Name of person giving Information: Jas A Bloxton — How related to deceased: friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Suddenly — How long: Justice of the Peace

Immediate: Heart Failure — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thomas A Brayshaw

Address: Glen Burnie

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mary Esther Slepney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Williams; County: Anne Arundel

Date of death 190 4: Month: June; Day: 19; Age: Years; Months: 4; Days: 25

Sex: ~~Male~~ Female; Color or Race: Black; Birthplace: Baltimore

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Walter Slepney; Father's Birthplace: Baltimore

Mother's Maiden Name: Ida Linwood; Mother's Birthplace: Baltimore

Name of person giving information: Walter Slepney; How related to deceased: Father

105

CAUSES OF DEATH

Primary: Cholera Infantum; How long: one week

Immediate: cholera Infantum; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C R Winterson

Address: Elkridge Md

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A38516

Name in Full: Josephine Szewczyk

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: So. Balto. — County: Md. —

Date of death: Month: June — Day: 23 — Year: 1904

Age: Years: 9 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Bohemia

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Szewczyk — Father's Birthplace: Bohemia

Mother's Maiden Name: Annie Zelinkova — Mother's Birthplace: Bohemia

Name of person giving Imformation: Annie Szewczyk — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 2 Months

Immediate: Meningitis — How long: one week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos. B. Horton M.D.

Address: So. Balto. Md.

Accident or Suicide? —

LIBRARY BUREAU A88016

Name in Full

Certificate of Death

Francis Talarczany - alias Francis Schulz -

Died at Town Ingleheart - County Anne Arundel MARYLAND

| Date 1934 Month 6 - Day 11 | Age Y. 36 M. — D. — | Native of Bohemia - | Occupation Laborer - |
|---|---|---|---|

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of ~~children~~ living ~~-~~

Husband of
Wife

Father's Name Unknown

Mother's Maiden Name Unknown

Cause of Death — Primary: Natural Causes - (How long sick)

Immediate — (Accident, Suicide, Homicide)

Reported by E. J. Joyce Jr. Anne Arundel Co.

Address Millersville Md - acting Coroner -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

The information on this card was furnished by - Margaret Whitney ——— Edgar Allen - Edgar Brown

Name in Full: Henry Reynard Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Odenton; County: A A

TO BE ANSWERED BY NEAREST FRIEND

| | | | | | |
|---|---|---|---|---|---|
| Date of death | 1904 | June | 22 | Age: Years | 7 Months 12 Days |
| Sex | Boy | Color or Race | Colored | Birthplace | Harmons |
| Occupation | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | |
| Father's Name | Lewis Thomas | | | Father's Birthplace | Gambills Md |
| Mother's Maiden Name | Matilda Hammond | | | Mother's Birthplace | Harmons " |
| Name of person giving information | Lewis Thomas | | | How related to deceased | Father |

CAUSES OF DEATH

PHYSICIAN OR CORONER

| | | |
|---|---|---|
| Primary | Hereditary Tuberculosis | How long 7 Months |
| Immediate | Exanshon | How long 4 |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician: J. W. Dorsey M.D. |
| | | Address: Gambrills Md |
| Accident or Suicide? | | |

LIBRARY BUREAU A8961

Name in Full: Mary C. Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis; County: Anne Arundel; MARYLAND

Date of death: Month: June; Day: 8; 1904.

Age: Years: 32; Months: —; Days: —

Sex: Married

Color or Race: White

Birthplace: Anne Arundel Co.

Occupation: House wife

Where Residing if not at place of death: —

Married, ~~Single~~ or ~~Widow~~: Married

~~Name of Wife or~~ Husband: John H. Thomas

Father's Name: Andrew J. Disney

Father's Birthplace: Md

Mother's Maiden Name: Sarah V. Welch

Mother's Birthplace: Md

Name of person giving information: John H. Thomas

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Womb

How long: — 2 Years

Contributory: Exhaustion

How long: —

Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Leo Wells M.D.

Address: Annapolis

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Hampton H. Turner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Millersville — County: Anne Arundel

Date of death: Month: June — Day: 27 — Years: Age 23 — Months: 8 — Days:

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: James H. Turner — Father's Birthplace: Md

Mother's Maiden Name: Catherine E. Bell — Mother's Birthplace: "

Name of person giving Information: Nathan Childs — How related to deceased: Nurse

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: 12 mos.

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. B. Gantt

Address: Millersville Md

~~death~~ or Suicide?

LIBRARY BUREAU A88516

Name in Full: James Augustus Ward

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis Md. County: Anne Arundel

TO BE ANSWERED BY NEAREST FRIEND

| Date of death | Month | Day | Age: Years | Months | Days |
|---|---|---|---|---|---|
| 1904 | June | 4 | 33 | 7 | 14 |

Sex: Male

Color or Race: White

Birthplace: New York N.Y.

Occupation: Mariner

Where Residing if not at place of death: Mariners Barracks Annapolis Md

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: William J. Ward

Father's Birthplace: 79 Cola St Jersey City N.J.

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information: 12

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: accident by Drowning

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~: John N Davis Coroner

Address: Annapolis Md

Accident ~~or Suicide~~?

LIBRARY BUREAU A66516

Name in Full Hellen Warnsky

CERTIFICATE OF DEATH

Died at Town Admiral County Anne Arundel MARYLAND

| Date of death | Month | Day | Age Years | Months | Days |
|---|---|---|---|---|---|
| 1904 | 6 | 12 | | 8 | |

Sex female | Color or Race White | Birthplace Baltimore

Occupation | Where Residing if not at place of death Baltimore

Married, Single or Widowed Single | Name of Wife or Husband X

Father's Name Henry Warnshie | Father's Birthplace Germany

Mother's Maiden Name Lotta Baer | Mother's Birthplace Baltimore

Name of person giving Imformation Henry Warnsky | How related to deceased Father

93

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Pneumonia | How long 7 days

Immediate | How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J W Dr Boisard MD

Address Gambrills Md

Accident or Suicide?

LIBRARY BUREAU A6551G

Name in Full: Joseph Bonner

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hannans — County: a a

Date of death 1904 — Month: June — Day: 3d — Age — Years: — Months: 8 — Days: 16

Sex: Male — Color or Race: White — Birthplace: Baltimore

Occupation — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: Frank Bonner — Father's Birthplace: Germany

Mother's Maiden Name: Frances Korn — Mother's Birthplace: Germany

Name of person giving In formation: Frank Bonner — How related to deceased: father

LDS

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Colera Infantum — How long: 8 days

Immediate: Convulsions — How long: 3 days

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: Thomas J Brayshaw

Address: Glen Burnie

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full

Certificate of Death

# Michael Woftzak

Died at Town: Harmans County: Anne Arundel MARYLAND

Date 1904 Month: June Day: 10 | Age Y. 24 M. D. | Native of: Germany | Occupation: Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ | Number of children living

Husband of
Wife

Father's Name: George Woftzak Mother's Maiden Name: Magdelene Slovinski

Cause of Death — Primary: Anemia — How long sick: 4 years

Immediate: Heart Failure — Accident, Suicide, ~~Homicide~~

Reported by: C R Wilson

Address: Elkridge Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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